

## MDS Alert

### Resident Assessment: Keep These MDS Sections On Your Activities Assessment Radar Screen

Home in on this critical information.

To develop a top-notch activities plan requires you to get a picture of the resident's past and his ability to participate in the moment.

For example, tap into a person's past roles as part of your assessment in completing F3. Then use that information to design activities that give the resident a sense of continuity and meaning. A group of residents at one facility, for example, combined their past experiences as everything from bankers and transportation workers to homemakers to develop a business making and selling dog biscuits to the community and on the Internet. A person with dementia may find "folding clothes gives him or her a sense of a past life" if the person was a homemaker or worked in a laundry, says **Reta Underwood**, a survey consultant in Buckner, KY. Folding laundry can also calm a person down, she adds.

Home in on E1o and E1p, which capture a loss of interest in usual activities and social interactions. If the resident responds to an activity with a behavioral symptom (coded in E4), then it's not working for him, notes **Joanne Hayden, PhD**, a consultant in Indianapolis. Residents with depression indicators require further assessment or evaluation. "Depression will affect how motivated [the resident] is to participate" in recreational therapy, says **Susan Scanland, MSN, RN**, president of **GeriScan\*** in PA.

Incontinence coded in Section H can affect a person's willingness to participate in a group activity, notes **Clare Hendrick**, a geriatric nurse practitioner in San Clemente, CA. For example, CNAs should toilet residents before an activity, she says. Time administration of a resident's diuretic so that it doesn't take effect during activities.